2719 Mail Service Center
Raleigh, NC 27699-2719
DIVISION OF HEALTH
SERVICE REGULATION

HEALTH CARE PERSONNEL REGISTRY
INVESTIGATIONS BRANCH
HEALTH CARE PERSONNEL REGISTRY SECTION

PHONE: (919) 855-3968
FAX: (919) 733-3207
N.C. DEPARTMENT OF HEALTH
& HUMAN SERVICES

24-HOUR INITIAL REPORT
NOTIFICATION OF FACILITY ALLEGATION TO HCPR

FACILITY INFORMATION

Facility Name: _____

Facility Type: _____ Main Office Phone #: ( ) _____ Main Office Fax #: ( ) _____

Facility/Agency License #: _____ Provider # (If Certified): _____ County: _____

Contact Person: _____ Title: _____

Facility Administrator: _____ Title: _____

Actual Incident Location Street: _____ City: _____ State: _____ Zip: _____

MAIN OFFICE Mailing Address Street: _____ City: _____ State: _____ Zip: _____

ACCUSED NURSE AIDE/HEALTH CARE PERSONNEL INFORMATION:

Full Name: _____ Title: _____

Social Security #: _____ Date of Birth: _____ Date of Hire: _____

Last Known Address: _____ City: _____ State: _____ Zip: _____

Driver's License # _____ Other Information: _____

Home Phone #: ( ) _____ Other Number (Cellular, Pager, Work, etc.): _____

ALLEGATION TYPE: *(Check all that Apply)*

- ☐ 1. RESIDENT ABUSE
- ☐ 2. RESIDENT NEGLECT
- ☐ 3. DIVERSION OF RESIDENT DRUGS
- ☐ 4. DIVERSION OF FACILITY DRUGS
- ☐ 5. FRAUD AGAINST RESIDENT
- ☐ 6. FRAUD AGAINST FACILITY
- ☐ 7. MISAPPROPRIATION OF FACILITY PROPERTY
- ☐ 8. MISAPPROPRIATION OF RESIDENT PROPERTY
- ☐ 9. INJURY OF UNKNOWN SOURCE

RESIDENT NAME: _____ Date of Birth _____ Incident Date: _____

ALLEGATION DESCRIPTION: _____

INJURY/MENTAL ANGUISH DESCRIPTION: _____

➔INVESTIGATION REPORT MUST FOLLOW WITHIN 5 WORKING DAYS ←

NC §131E-256.(g) The results of all investigations must be reported to the Department [HCPR]within five working days of the initial notification to the Department.

Failure to comply may result in referral to the Complaints Investigation Unit.

_____ _____ _____

(Printed Name and Title of Person Preparing Report) (Signature of Person Preparing Report) (Date)